

New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606

Fx. 508-820-1616

Invoice

Date	Involoe #
2/6/2012	204247

BIII To

BKC PAIN SPECIALISTS,LLC 1065 DBLAWARB AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY Ship To

BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	,	Account#
, O. Manibot	Net 30	JK	2/6/2012	FEDEX.			
		-	Descriptio	n	Price Eac	h	Amount
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40	METHYL 80/5 PF	METHYLPRE MG/ML INJE	EDNISOLONE ACI	31A1B (11) 50		20.00	20.00
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	FOR YOUR ORDER!		2774 64		Total		\$820
***PLBASE PLA	CE INVOICE NUMB	ER ON PAYME	301	1	Credits		\$-820
					Balance	Due	\$0



New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

## Packing Slip

Date	Involce #
2/6/2012	204247

Ship To

BKC PAIN SPECIÁLISTS, LLC

1065 DELAWARE AVENUB
SUITE A
MARION, OH 43302
ATTN: LINDSBY

	P.O. No.	9hlp	VIa	FOB	Project
		2/6/2012	FEDEX		
Quantity	Item Gode			Description	
. 40		WETHYL	PREDNISOLONE	ACETATE (PF) 80 MG/MI	Liniectable, 5ML
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\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*

BKC-00031

Prescription Order Form

Case 1:13-md-02419-RWZ Document 1062-4 Filed 04/04/14 Page 3 of 25

UITIVE

697 Wavedy Street, Framingham MA 01702 800.994.6322, 508.820.0606. FAX 888,829,0583 or 508,820,1616

DATE: _	2-6-12

NAME OF EXCELLENCE BUT The Socialists 110

FACILITY: DOL M	an specialists the.	PHONE NU	MBER: (1)	(O) 28	1-10	146
ADDRESS: 1065 ]	Delausare Ane. Ste. A. Marion, oth. 43	302P.O.#	<i>‡</i> :			
We must have Fac	cility name & address to process your	prescription	n order - Than	ik you.		
Name of Patient See Attache List	Name of medication to be compounded	Strength (%, mg/ml, u/ml)	If preservative- free, write in p/f	Vial size	# of vials	Sig:
List	Methylprednisme Acetoute	Drg/mL	PJF	5m2	40	
			,			
Physician's Name	e/Signature: Nikesh Bostra	MD	DI	EA Num	ber:_	88773095
Ventication: Institu	ntional Agent: NECC	Agent:	D <sub>2</sub>	ite: $2-1$	1-12	_Time:

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P.01/01

#### TRANSACTION REPORT

FEB/06/2012/MON 09:07 AM

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Prescription Order Form

NAME OF

697 Wavedy Street, Framîngbam MA 01702 800.994.6322, 508.820.0606. FAX 888.829.0583 or 508.820.1616

ATTN - JUST

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FAX 888.829.0583 or 508.820.1616

BB 1730953 Sig: Date 3/9-18 Time 1740) 387- 1246 DEA Number: Yrials \$ Jo# Vial size Contact Hame: Undsort Juny (mls) We must have Facility name & address to process your prescription order - Thank you. free, write in plf If preservative-PHONE NUMBER: 7/4 ADDRESS: 1065 Delaware Are. St. A. Marian At. 4320-7.0.#. Roma/mi Strength (%, mg/ml, NECC Agent Acatode Name of medication to be Uethulprednisone RACTUREY: PKC Pain Specialists LLC Nikesh compounded Physician's Name/Signature: Verification: Institutional Agent Attached Natue of Patient V113006

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## PHYSICIAN Batra

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## PROCEDURE LOG

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Redacted	PATIENT NAME	PROCEDURE	STAFF	MRADCM2
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- 1. Dr. Batra
- 2. Dr. Katabay
- 3. Dr. Chowdhury
- 4. Lindsey Loyett
- 5. Kellie Jo Bell

- 6. Jennifer Landon
- 7. Rhonda Byerly
- 8. Tim Thacker, CRNA

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#### TRANSACTION REPORT

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New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606 Fx. 508-820-1616

03/19/2012

Total:

\$820.00

SALE

Mastercard Exp. Date:

Name:

REDACTED XX/XX

BKC PAIN SPECIALISTS,LLC

Auth. Code:

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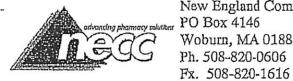
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Thank you for your business

CUSTOMER COPY



New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606

## Invoice

Date	Involce #
3/19/2012	209133

Bill To	•
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY	•

Ship To

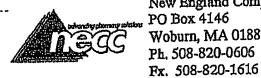
BKC PAIN SPECIALISTS, LLC

1065 DBLAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: LINDSEY

**Balance Due** 

P.O. Number	Terms	Rep	Shlp	Vla	F.O.B.	Account#
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Quantity	Item Code		Description	1 .	Price Each	Amount
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	R YOUR ORDERIJI	ON PAYMENT	·		otal redits	\$820,00 \$-820.00

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New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606

## Packing Slip

Date	Involce #
3/19/2012	209133

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: LINDSEY

	P.D. No.	Shlp	Via	FOB	Project
•		3/19/2012	FEDEX		
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	941	7-7:	140) 387-7246	MBER:	IN ENOH	FACILITY: BKC Pain Spicialists 110 P	FACILITY: BKC
	. or consorter or o	. 6					NAME OF

HMV - WITH

DATE:

4-25-17

697 Wavedy Street, Framingham MA 01702 800.994.6322, 508.820,06006. PAX 888.829.0583 or 508.820.4616

Prescription Order Form

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5. Kellie Jo Bell

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#### TRANSACTION REPORT

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New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

## Packing Slip

Date	Involce #	
4/25/2012	213287	_

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DELAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: LINDSEY

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BKC-00045

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HONE NUMBE  P.O. #:  Strength If pre  (%, free, mg/ml, u/ml)  North:	OHER: (The lipreservative free, write in pl	vikesh Bo						dethilloredaisone Acetate	Name of medication to be compounded	ne & address to process your I	
	R: (TVD).  Servative Vials write in plf (mil.  DEA]  Deal.	Agent							Strength If pre (%, free, mg/ml, u/ml)	P.O.#:	PHONE NUMBE

Ann Junk

697 Wavetly Street, Framingham MA 01702: 800.994.6322, 508.820.0606. FAX 888.828.0583 or 508.820.1616

BKC-00046

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Prescription Order Form

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Dr. Batra

Dr. Katabay Dr. Chowdhury

Lindsey Lovett

Kellie Jo Bell

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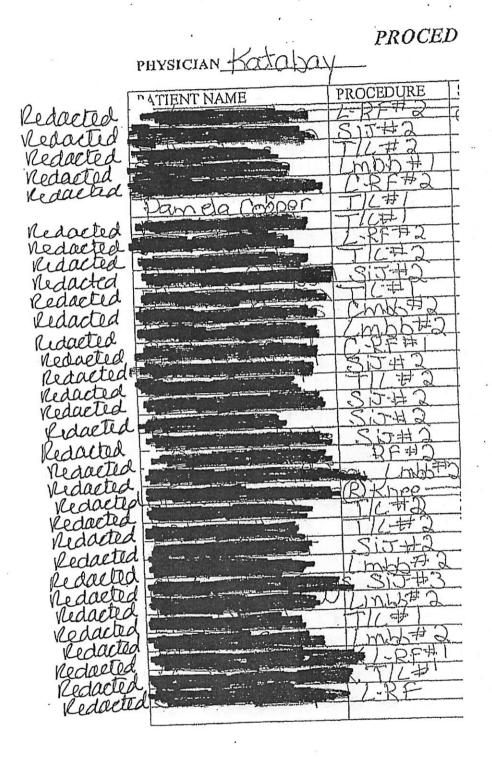
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## PHYSICIAN

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- 1. Dr. Batra
- 2. Dr. Katabay
- Dr. Chowdhury
- 4.
- Lindsey Lovett Kellie Jo Bell



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- 1. Dr. Batra
- 2. Dr. Katabay
- 3. Dr. Chowdhury
- 4. Lindsey Lovett
- 5. Kellie Jo Bell

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## TRANSACTION REPORT

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New England Compounding Center, Inc. PO Box 4146 Woburn, MA 01888-4146 Ph. 508-820-0606 Fx. 508-820-1616

## Invoice

Date	# eolovnI
5/29/2012	216980

BIII To	
BKC PAIN SPECIALISTS,LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN; RHONDA BYERLY	

Ship To

BKC PAIN SPECIALISTS, LLC
1065 DBLAWARE AVENUE
SUITE A
MARION, OH 43302
ATTN: LINDSBY

P.O. Number	Terms	Яөр	Ship	Via	F.O.B.	Account#
	Net 30	JK	5/29/2012	FEDEX		
Quantity	Item Code		Descriptio	n	Price Each	Amount
40	METHYL 80/5 PF	METHYLPRI	EDNISOLONE ACE	TATE (PF) 80	20.	00 800.0
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THANK YOU FOR	R YOUR ORDER!!!	L				
	INVOICE NUMBER	ON PAYMEN	т++*	T	otal	\$820.0
				C	redits	\$0.0
				E	Balance Due	\$820.0



New England Compounding Center, Inc. PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

## Packing Slip

Date	Involce #
5/29/2012	216980

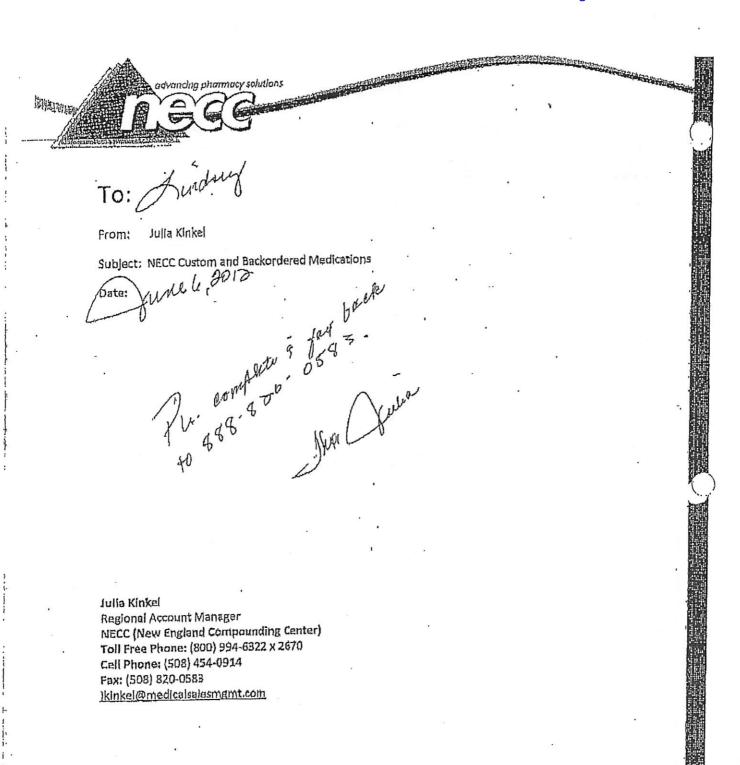
Ship To

BKC PAIN SPECIALISTS, ILC

1065 DBLAWARE AVENUE
SUITE A

MARION, OH 43302
ATTN: LINDSEY

	•	P.O. No.	Ship	Via	FOB	Project
			5/29/2012	FEDEX		
	Quantity	Item Code		:	Description	
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. 697 Waverly Street, Framingham, MA 01702 | Phone: 800-994-6322 | Fax: 888-820-0583 | www.neccrx.com

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P.01/01

#### TRANSACTION REPORT

JUN/06/2012/WED 10:23 AM

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